Example Document

DO NOT SEND TO IRS - SUBMIT FORM TO REQUESTING AGENCY

FCD 04/2021

NEW MEXICO DEPARTMENT OF FINANCE & ADMINISTRATION
FINANCIAL CONTROL DIVISION
SUBSTITUTE FORM W-9
REQUEST FOR TAXPAYER INDENTIFICATION NUMBER, CERTIFICATION

TYPE OR PRINT NEATLY, PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION

PART I: SUPPLIER INFORMATION

1. Name: (as shown on your income tax return).Name is required; do not leave blank.

Organization legal name here
(should match what is on your IRS letter)

2 . Business name/disregarded entity name, if

You will need to enter this number manually.

3. Entity Type (Check only one, unless you are or have been a State of New Mexico Employee, then also check State of New Mexico Employee box):

- ☐ Individual / Sole Proprietorship / Single Member LLC
- ☐ Partnership
- ☐ C Corporation / S Corporation
- ☐ Trust / Estate
- ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership > _____)
- ☐ Government (Local, State, Federal, Tribe)
- ☒ Tax-Exempt organization under IRC Section 501 C 3
- ☐ State of New Mexico Employee (Agency No.)

4. 1099 Reporting: Services provided to the State by vendor:

- ☐ Health care or medical service
- ☐ Attorney services
- ☐ Rental of Real Property
- ☐ Royalties
- ☐ member /
- ☐ ember
- ☐ Agency Volunteer (Agency No.)
- ☐ DUAL Supplier & Active NM Employee
- ☒ Other write "Arts Services" here

PART II: TAXPAYER IDENTIFICATION ... AYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES)

Enter EIN directly into the boxes - NO DASHES

2. Taxpayer Identification Type (check appropriate box):

- ☒ Employer ID No. (EIN)
- ☐ Social Security No. (SSN)
- ☐ Employee ID
- ☐ N/A (Non-United States Business Entity)

PART III: ADDRESS

1. Address: (Location where payments and correspondances can be sent)
(if a NM state employee, enter Agency name and Field Office Address)

Address Line #1: Primary address

Address Line #2: Apt. or unit

Address Line #3: Do NOT enter city, state and zip on this line

City	State	Zip - 9 Digit
City here	State	Zip code here

2. **REMITTANCE, IF DIFFERENT**: (location specifically used for payment that is different than address 1, if applicable)

Address Line #1

Address Line #2

Address Line #3

Fill out this section ONLY if you want the check to be mailed to a different address.

City	State	Zip - 9 Digit

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

1. The nu ... o me), **AND**
2. I am n ... d by the Internal Revenue Service (IRS that I a ... d me that I am no longer subject to backup
3. I am a

There are two options for acceptable signature:
1. A wet ink signature on a printed copy of the complete form (this can then be scanned and emailed or you can mail the hardcopy)
2. A time-stamped official digital signature.

Printed Name: Typed/written name here

Occupation: Job title/occupation

Telephone Number: Phone #

Signature: Signature here (see note above)

Email for receiving ACH advices: Email address here

Date (mm/dd/yyyy): Signature date

PART V: OPTIONAL DIRECT DEPOSIT (ACH)

Warning: The State of New Mexico will not process International ACH Transactions (IAT). If any payment to you from the State will ever result in an IAT under National Automated Cleari ... re not sure ... THIS SECTION OF THE FORM. Please provide a copy of ... n indicated above.

Fill out this section ONLY if you want to set up Direct Deposit Include a copy of a voided check.

Include a voided ... payments

Choose type of account

Type of Account: ◯ Checking ◯ Savings

... te of New Mexico to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.

Signature: Signature here ONLY for Direct Deposit (see note above)

Printed Name: Typed/written name here